U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	For Official Use Orrly
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

Otto			
1. File Number . U - 7/40	2. Fiscal Year Covered From:		
	01/01/2004 Through: [2/31/2004]		
3. Name and address of person fling.	4. Name, file number, and address of labor organization.		
Name Larry Stull	Name Pipefitters Local 539		
,	Labor Organization File Number 0/4537		
P.O. Box, Bldg., Room No., if any	P.O: Box, Building arid Room Number, if any		
Street Orteans Lane	Street 312 Central Ave Rm 408		
city Maple Grove	City Minneapolis		
State Minn ZIP Code +4 55369	State Minn ZIP Code + 4 55414		
5. Position in labor organization. Buisness Represent	ative Local 539		
A. Held an interest in, engaged in transactions (including loans) with, or demonstry value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name	n represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. On Sept 16 2004 we had meeting at broadway fizza with The O'shaughnessy Regarding upcoming Contract negotiations		
P.O. Box, Bldg.; Room No., if any	7.b. Amount.		
Street 8825 XYlon Ave N	#12		
City Brooklin Park	12		
State Minn ZIP Code + 4 55445 + 1912			
Signature			
15. Signature and verification. The undersigned declares, under penalty of Posubmitted in this report (including the information contained in any accompanying undersigned's knowledge and belief, true, correct, and complete. (See the section.)	g documents), has been examined by the signatory and is, to the best of the		
Signed Larry CStulf	On 07-06-05 612-374-4711 Date Telephone Number		